

<div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) </div> <div> SERIAL NO. </div> <div> FILING DATE </div> </div>						
<div> <div> APPLICANT(S) </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						
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100						
TOTAL IND.	3					
TOTAL DEP.	53					
TOTAL CLAIMS	56					